Minus

\* If the entry in column 1 is less than the entry in column 2, write '0' in column 3, \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Pald For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Independent

FORM PTO-875 (Rev. 8/01)

10/023376

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OR

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OR